ERPINGHAM RURAL DISTRICT COUNCIL

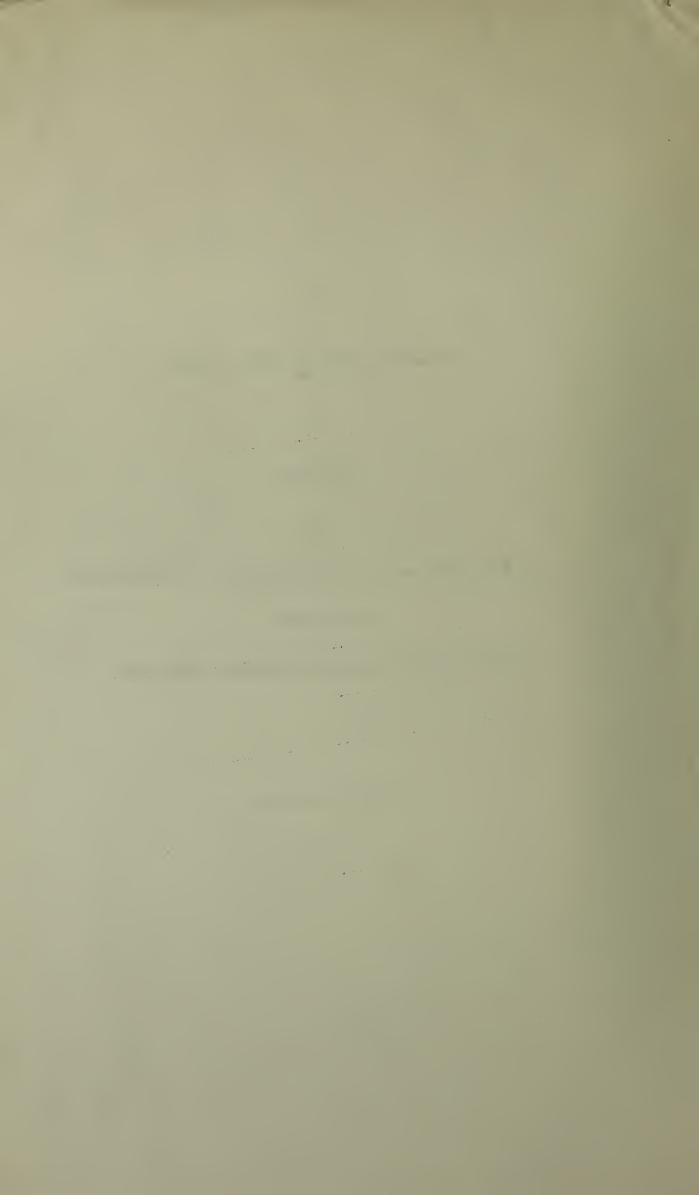
REPORT

OF

THE NEDICAL OFFICER OF HEALTH

FOR THE

YEAR ENDED DECEMBER 31ST, 1953.



ERPINGHAM RURAL DISTRICT COUNCIL

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR ENDED 31st DECEMBER, 1953.

To:

The Chairman and Members of the Erpingham Rural District Council,

I have the honour to submit to you the Annual Report of the Medical Officer of Health for the year ended 31st December, 1953.

The estimated population increased during the year from 19,380 to 19,520.

The Birth Rate of 14.1 per 1,000 of the population is lower than that for England and Wales as a whole (15.5) and the Death Rate of 13.5 per 1,000 of the population is slightly higher than the figure for England and Wales (11.4).

Among infectious diseases it was a light year for Measles. There were rather more cases of Whooping Cough than usual. A solitary case of Fuerperal Pyrexia was once again reported. In other respects the numbers were about the average.

No case of food poisoning was reported.

The number of cases on the Tuberculosis Register showed little change. Eleven new cases were notified during the year, seven being pulmonary and four non-pulmonary.

Piped water supplies remain a most desirable item for the greater part of the area, as also does a sewerage system.

Steady progress was made with the erection of new Council houses, 122 were completed during the year.

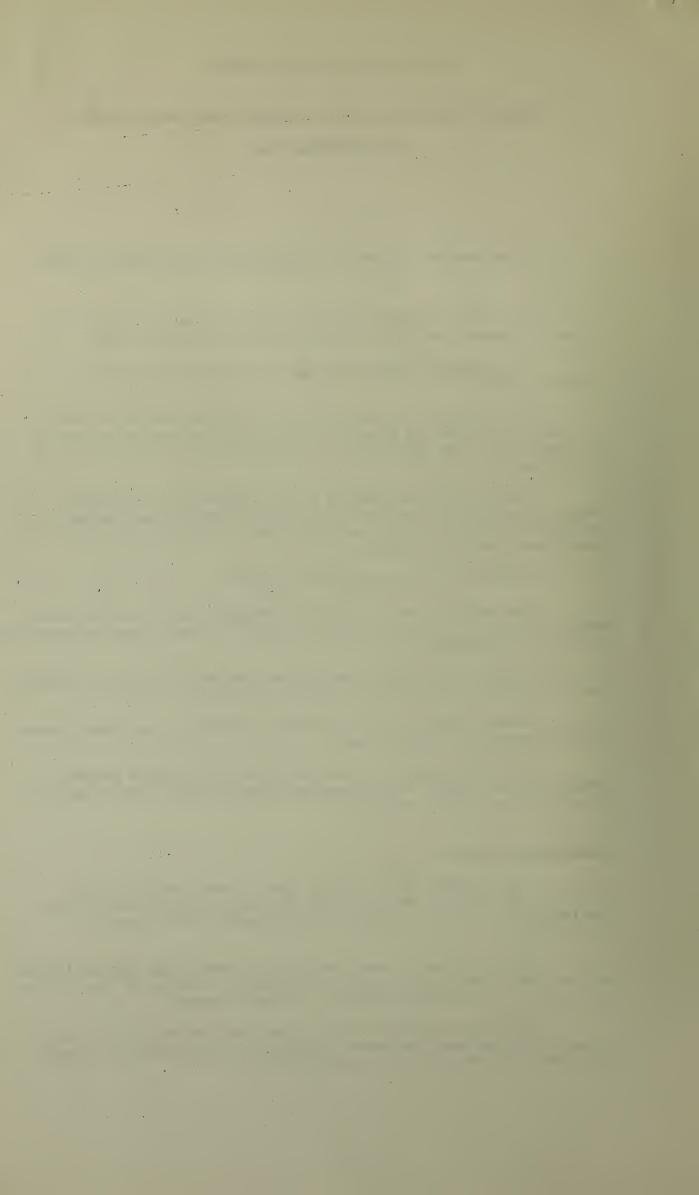
The severe storm and floods of January 31st caused extensive damage along the coast. Its consequences from the Public Health angle are described later in this report.

Geographical Features.

The Erpingham Rural District lies in North Norfolk, being bounded on the north by the sea and on the east, south and west by the Smallburgh, St. Faith's & Aylsham, and Walsingham Rural Districts respectively.

The coast line of some twenty miles extends from Mundesley in the east to Cley in the west. As far as Weybourne it consists of sandy cliffs and beyond it of marshland protected by shingle beaches.

Inland the country is for the most part open with much variety of heath, woodland and land under cultivation, and few natural barriers. The climate is bracing and the rainfall low.



GENERAL STATISTICS.

VITAL STATISTICS.

Birthd.

Live Births.	Legitimate. Illegitimate.	Male 137 6	Female 125 7	<u>Total</u> 262 13
	Total	143	132	275

The Birth Rate is 14.1 per 1,000 of the estimated population. 4.7% of the births were illegitimate.

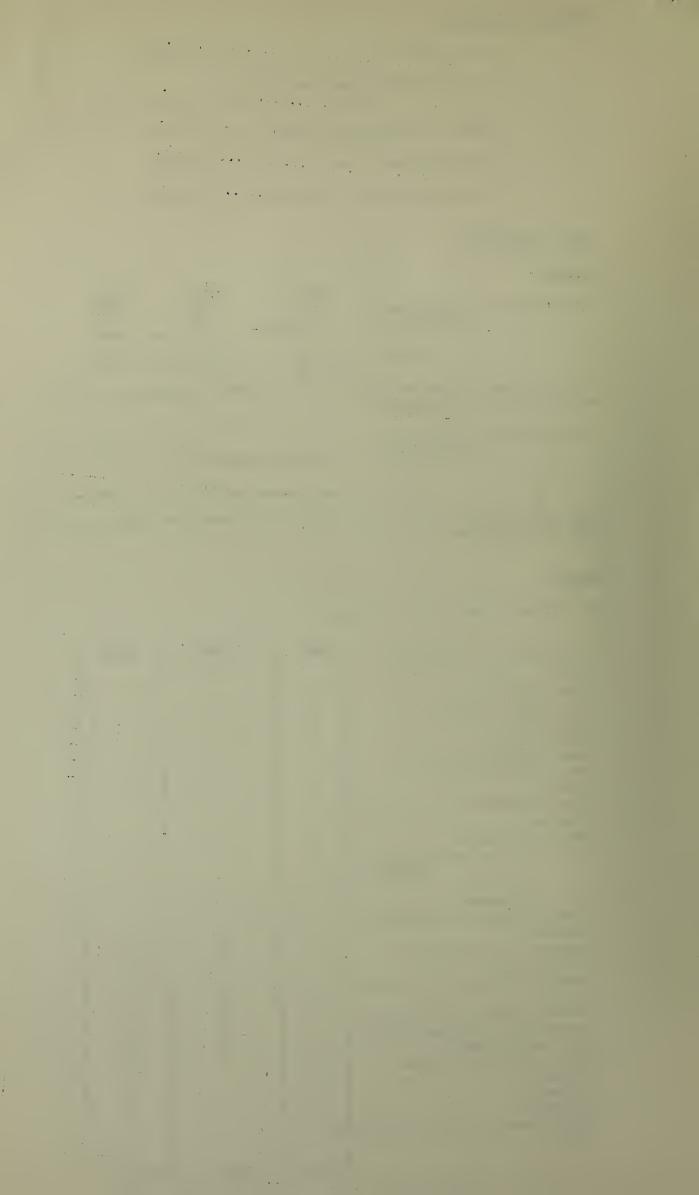
Still Births.		10	4	14
	Illegitimate.		wax	trat
	Total	10	4	14.

The Still Birth Rate is 0.72 per 1,000 of the estimated population, or 4.8% of all births.

Deaths.

The causes of Death were as follows: -

Mark and the control of the control	Male	Female	Total
Tuberculosis of respiratory		7	_
system Other tuberculosis	-	1	1
Syphilitic diseases	-	-	-
Diphtheria			
Whooping Cough			
Meningococcal Infections			
Acute Poliomyelitis	pert	_	_
Measles	e=1	_	_
Other infective and parasitic			
diseases	-	=	
Cancer of stomach	4		4
" " lung and bronchial			
passages	4	disa	4 3
ureast	gal	3	3
uverus		met.	
Other malignant and lymphatic growths	10	30	
Leukaemia and aleukaemia	13	10 1	23
Diabetes	1	1	23 1 2
Vascular lesions of the nervous		_	~
system	13	16	29
Coronary disease and angina	33	12	45
Hypertonsion with heart disease			3
Other heart disease	35	45	3 80
Other circulatory disease	9	9	18
Influenza	1	-	1 6
Pheumonia Bronchitis	35 9 1 3 4	3 45 9 - 3 2	6
-		2	6
Other diseases of the respirato	ry 2	1	3
	٨	T	3
c/f	122	107	229



b/f	<u>Male</u> 122	Female 107	<u>Total</u> 229
Ulcer of stomach and duodenum Gastritis, enteritis and diarrho Nephritis and nephrosis Hyperplasia of prostrate Pregnancy, childbirth and abort Congenital malformations	2	- 1 - -	2 - 2 2 - 1
Other diseases and ill-defined diseases Motor vehicle accidents Suicide Homicide and operations of war All other accidents	9 1 2 -	7 - 2 - 2	16 1 4 3
	149	120	260

The Death Rate is 13.5 per 1,000 of the estimated population.

The main categories of the causes of death, expressed as percentages of the total deaths, read as follows:-

Heart disease 48.7.

Cancer... 12.9.

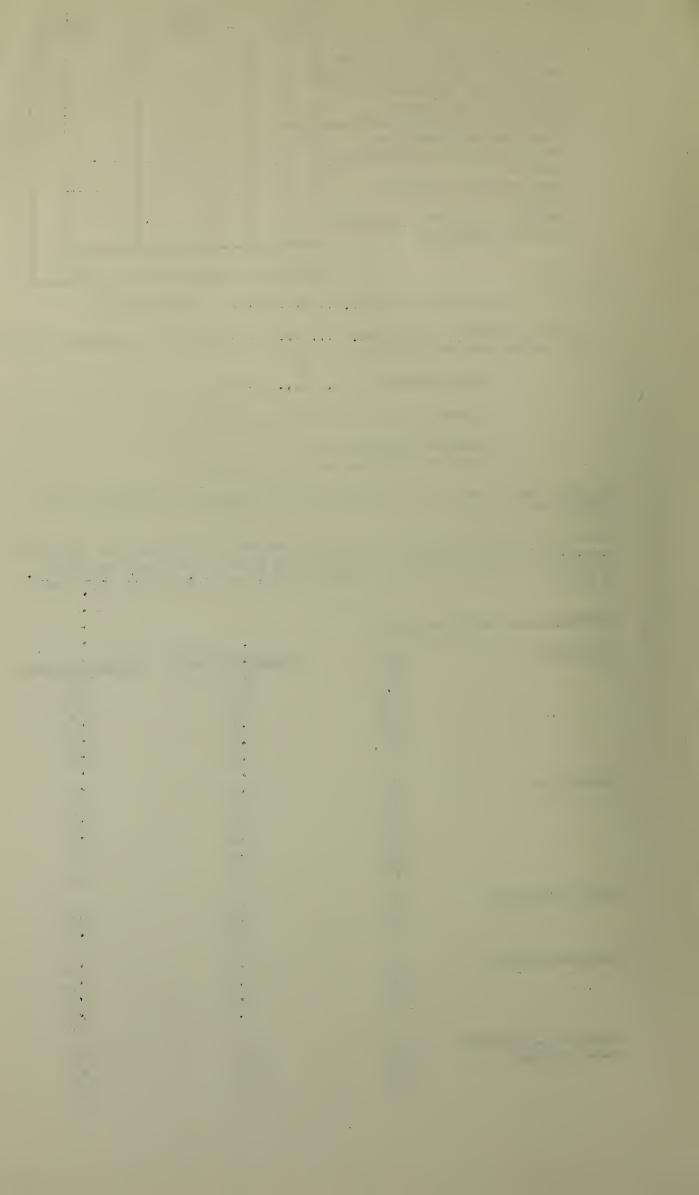
Vascular lesions of the nervous system... 11.0.

No case was reported of a maternal death occurring in association with childbirth.

In children under one year of age three deaths were reported, of which none occurred in the first month of life. This gives a death rate of 11.32 per 1,000 related live births (England and Wales 26.8) in the first year of life.

Comparison of Vital Statistics.

Birth Rate.	Year 1953 1952 1951 1950 1949	Erpingham R.D.C. 14.1 13.7 12.0 13.9 16.1 16.6	England & Wales. 15.5 15.3 15.5 15.8 16.7 17.9
Death Rate.	1953 1952 1951 1950 1949	13.5 12.0 12.2 11.6 13.5 13.4	11.4 11.3 12.5 11.1 11.7 10.8
Still Birth Rate.	1953 1952 1951	0.72 0.31 0.16	0.35 0.35 0.36
Maternal Mortality.	1953 1952 1951 1950	0.0 0.0 4.3 0.0	0.76 0.72 0.79 0.86
Death Rate of Infants under one year.	1953 1952 1951 1950	11.3 30.3 31.5 26.7	26.8 27.6 29.6 29.8



NOTIFICATIONS OF INFECTIOUS DISEASES IN 1953.

Disease	Under 1	1-2.		e Grou	ps. 10-14.	15-2/	25	Total.
	olider T							
Scarlet Fover	9.4	3	4	18	4	1	2	32
Whooping Cough	7	15	26	35	4		5	92
Poliomyelitis (paraly	ic) 🗕	žen o	1		1		1	3
Measles	-	3	6	1	-	3	eca	13
Acute Pneumonia		w.a	1667	634	53%	-	2	2
Dysentery	2	7	p==0	uns	1	1	-	10
Puerperal Pyrovia	grant .	ovad	偿	-	r=q	1	• • • •	l
Infective Jaundice	evad	-	2:33	6	4	1	5	16
Totaļ	8	28	37	60	14	7	15	169

The next table gives a comparison with the incidence in England and Wales, the first column giving the numbers notified taken from the previous table, and the second column the number of cases that would have occurred if the rate for England and Wales had applied.

Disease.	A	Security of the Contract of Th
Acute Pneumonia	2	16
Diphtheria	9 14	,2
Erysipelas	\$1006	3
Food Poisoning	+44	3
Measles	13	241
Meningococcal Infections	•••	26
Paratyphoid Fever	-	24
Poliomyelitis	3	2
Puerperal Pyrexia	í	5
Scarlet Feven	32	27
Smallpox		
Typhoid Fever	ecs	Bunk
Whooping Cough	92	70 ·
Dysentery	ío)	·
Malaria	w-d)	Figures not available.
Infective Hopatitis	15)	
Tuberculosis	11	

A list of the number of cases notified, arranged according to the parishes they occurred, is as follows:-



Parish. Parish. Polic. Polic. Pos. Preu. Serv. Purexia. Jaundice. Althy. 2		Sc.	Wh.		Meas-	Acute	Dysen-	Puer.	Inf.
Alty.	Parish.			Polio.			tery.		Jaundice
Aldborough. 15			أناف في المستد	-	نتنشخضض	***			-
Antinghem.				-		_	-	-	1
Aylnerton, Baconsthorpe, 3			_	_	_		and .	_	
Baconsthorpe. - - 3 - - -	Avlmerton.		2			_	-	_	-
Banningham.		==	_	_	3				-
Berningham. Bessingham. Bessingham	20:00110 01101 100 1								
Berningham. 2	Banningham.	946	1	_	3		-	_	5
Decided Deci			2	_	i	_	-		, mag
Calthorpe 1			1		-		-		-
Calthorpe.		-		_	1	-	-		-
Colby. Corpusty 6		1	2	_	3		•		-
Corpusty.									
Corpusty, East Runton 4 1	Colby.	_		-	0:45	_	•••	_	3
East Runton. Edgefield. Edgefield. Erpingham. Cimingham. Cresham. Hanworth. Henpstead. Holt. 1 9 1 1 1 Hempstead. Holt. 1 9 1 1 3 Hunworth. Lingworth. Li		***	6		-	639	-	-	-
Giningham. 2 -			4	1	-	-	-	ecs	-
Giningham. 2 -		4	6	-	-	-	-	-	-
Giningham. Gresham. Hanworth. Hanworth. Hempstead. Holt. 1 9 1 1 1 Humorth. Holt. 1 9 1 1 3 Humorth.		2	-	_	-	-	-		-
Gresham. Hanworth. Hanworth. Hempstead. Holt. 1 9 1 1 1 Humworth. Holt. 1 9 1 1 3 Humworth. Logworth. Log			:						
Gresham. Hanworth. Hempstead. Holt. 1 9 1 1 1 Humorth. Ingworth. Kelling. The Barningham. Mundesley. Morthrepps. Saxthorpe. Southrepps. Southreps. Stody. Thornage. Thornage. Thornage. Thurgarton. Trimingham. Weybourne. Weybourne. Wickmere.	Gimingham.	-	_	9	1000	1	-	-	_
Hunworth.		-	est	1	****		1	-	1 1
Hunworth.	Hanworth.	2		_	-	-	-	-	1
Hunworth.	Hempstead.	-			1	-	-	-	1
Ingworth.		1	9	1	1			-	3
Ingworth.									
Ingworth. Kelling. Lt.Barningham. Natlaske. 17	Hunworth.	-	4	-		-	-	-	-
Lt.Barningham. - 17 -	Ingworth.				1	-	-	-	-
Lt.Barningham. - 17 -	Kelling.	Des .			tent.	90.00	C44	-	e a
Mundesley. -	Lt.Barningham.	1240	17	-	-	-	-	-	
N. Barningham. - 2 -	Matlaske.	_	5	_		-	-	-	-
N. Barningham. - 2 -									
Plumstead. - 4 -			-		_	1	9	-	_
Plumstead. - 4 -	N.Barningham.		2	-	_	-	-	-	-
Southrepps. 3		-			-	-	-	1	-
Southrepps. 3 Suffield 2		-		_	_	c:s	-	_	-
Suffield.	Saxthorpe.	-	2	_	-	-		_	-
Suffield.									
Stody. - 2 - <td>Southrepps.</td> <td>3</td> <td></td> <td>-</td> <td>-</td> <td></td> <td>-</td> <td>-</td> <td>-</td>	Southrepps.	3		-	-		-	-	-
Thornage.		819	2	-	-	-	-	-	-
Thorpe Market.		-		-	-	1000	-	***	_
Thurgarton.		-	2	-	-	-	-	-	-
Trimingham.	Thorpe Market.	-		-	1		909	-	-
W. Runton 2	Thurgarton.	1	-	-	600	-	-	-	-
W. Runton 2	n1 • • 1	1							
Weybourne.	Trimingham.	1	1	-	-	-	-	_	_
Wickmere 2		-	à	_	-	-	-	-	-
		-		-		-	-	-	1
Total 32 92 3 13 2 10 1 16	wickmere.	-	2	_	-	_	904	-	-
Total 32 92 3 13 2 10 1 16									
	Total	32	92	3	13	2	10	1	16
		1	1		1				

Taking the diseases individually, it was satisfactory to receive only two notifications of pneumonia which is well below the national average.

Once again no case of diphtheria was reported, a tribute chiefly to immunisation.

No case of food poisoning was reported.



A very small number of cases of Measles occurred in contrast to 1952.

A small epidemic of Infectious Jaundice occurred in the early months of the year in the Colby district. The cases were all mild ones. The very mild condition known as Sonne Dysentery was prevalent in Norfolk during the summer, and a number of cases were reported from a Local Authority Home in the district; no cases were reported from elsewhere in this area. In all cases the illness was short, slight and unattended by complications. In view of its tendency to persist when it occurs in an institution, this condition has a marked nuisance value.

The cases of Scarlet Fever occurred mainly in January in the Aldborough area. As is now usual, all were mild, unattended by complications. It is becoming increasingly plain that the borderline between the infectious sore throat and scarlet fever is ill defined and that the appearance of the typical rash may occur in some people and not in others in a single outbreak.

The three cases of Poliomyelitis occurred in a small girl, an adolescent boy and an adult woman visitor to the area. The first case has made a partial recovery from a very severe attack and should continue to make some progress for several months yet. The second case was very slight and recovered within a week or two; in this instance the diagnosis was in doubt. The third case was in hospital for several weeks and returned home; her subsequent progress is not known.

It is of interest that the only two definite cases of these three had both recently been outside Norfolk. There was no definite evidence during 1953 of a focus of the disease in this district.

Mil returns were received for the enteric fevers, smallpox, meningococcal infections and malaria.

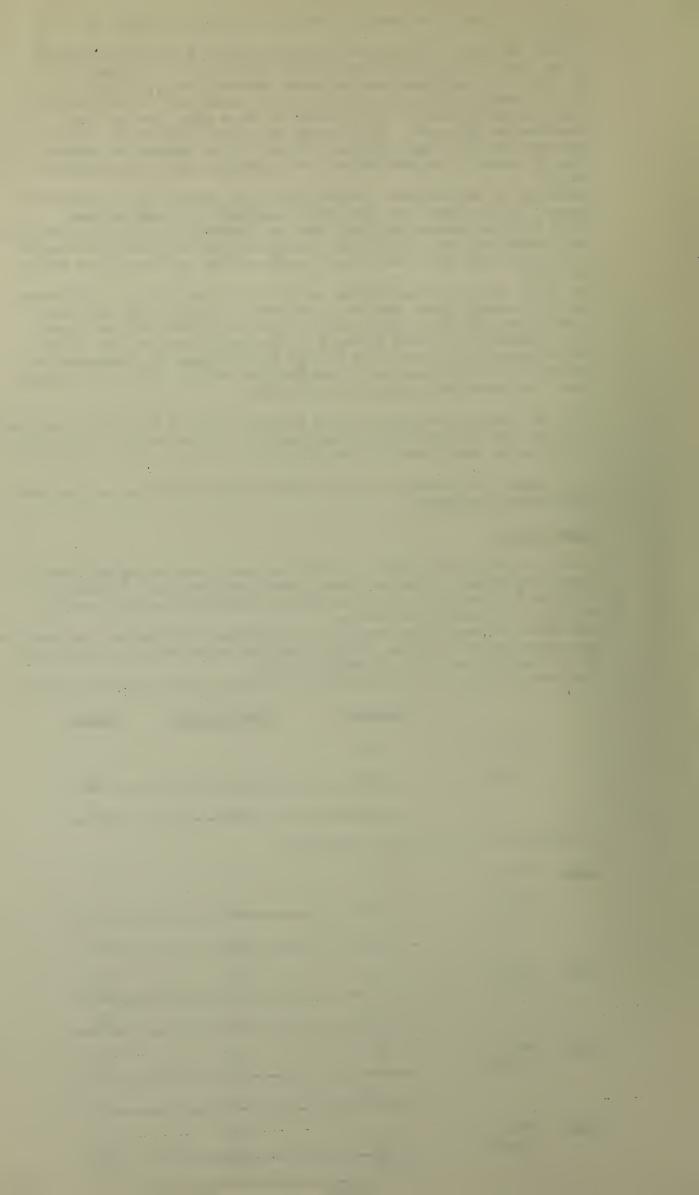
Tuberculosis.

Eleven new cases were notified during the year, seven being pulmonary and four non-pulmonary. The case rates corresponding to these figures are 0.36 and 0.21 per 1,000 of the population respectively. There were in addition three inward transfers.

One death occurred during the year from pulmonary tuberculosis and none from non-pulmonary tuberculosis, giving a combined death rate of .05 per 1,000 of the population. (England and Wales 0.2).

The number of cases on the register at December 31st, 1953 was as follows:-

		Pulmonary.	Non-Pulmonary.	Total.
	Male	46	8	54
	Female	35	13	48
		81	21	102
The figu	ares for the pr	revious years we	ere:-	
1952.	Male	44	7	51
	Female	34	1)	45
		78	18	96
1951.	Male Female	49 40	10 13	59 53
		89	23	112
1950.	Male Female	50 40	15 15	65 55
		90	30	120
1949.	Male Female	57 40 97	17 13 30	74 53 127
		6		



Food Poisoning.

No case was reported during the year, any cases investigated having proved to be other conditions.

Food and Drugs Act. Milk and Dairies Regulations, 1949. In three instances it was found necessary to serve notices on owners of cows, following the discovery of brucella abortus in the milk requiring pasteurisation. In two cases the organism of tuberculosis was detected and similar action taken.

National Assistance Act. 1948. Section 47. No action was necessary during the year in this direction.

Anthrax. The occurrence of anthrax in animals in the district is reported to the Medical Officer of Health. No cases were confirmed during 1953.

Housing. The building of new Council houses continued during the year. Large numbers are still required and it would appear from simple mathematics that there is an annual need of some twenty-five houses to balance the yearly increase of population, quite apart from the work of rehousing. The modern Council house can be an ornament in a village and it appears to me to reflect credit on the foresight of the planners who did not, after the war, as they might have, sacrifice many amenities to economy.

The Floods. The severe storm and flooding on the last day of January caused much damage along the coast and at the western end, unprotected by cliffs, whole areas of the coastal villages were exposed to the fury of the sea. It was remarkable that at Salthouse and Cley the loss of life should have been so small and this was certainly partly due to the devoted work of rescuers by whom, as by most coastal dwellers, the night of January 31st will never be forgotten.

During the weeks following the storm almost every article of common use had to be provided for the homeless families from food to medical comforts and water had to be obtained in tanks from some distance away to replace the water in the wells which was in ma ny cases heavily polluted.

Accommodation presented an immediate problem and your Medical Officer of Health advised the use of caravans, which were loaned by helpful people, it being necessary to hire only a few. The plans for new houses were got under way almost at once.

If there were ever an occasion in North Norfolk of "all hands to the wheel" this was one and eventually almost every voluntary organisation was concerned in helping and rehabilitation,

In spite of the bitter weather little sickness followed and none at any rate of the intestinal infections which are so much dreaded when the normal water and sewerage systems cannot be used,

PUBLIC HEALTH OFFICERS TO THE LOCAL AUTHORITY.

Medical Officer of Health. J.H.F. Norbury, N.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

The post of Medical Officer of Health is combined with that for Cromer, Sheringham and North Walsham and with the post of Assistant County Medical Officer for Area No.2, of the County of Norfolk.

Chief Sanitary Inductor.

G.L. Evatt, M.Inst.H.E., F.F.A.S.,
M.S.I.A., C.R.S.I..

Additional Sanitary Inspector, W.J.S. Pratt, C.S.I.B.,

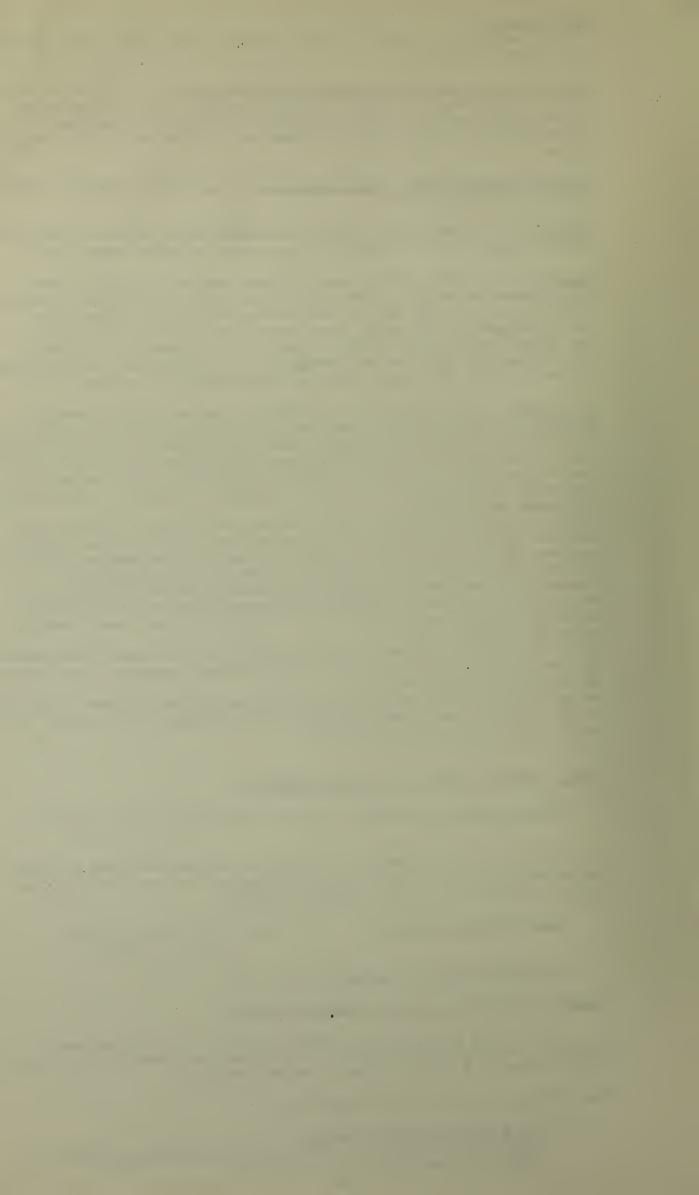
GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

As a result of the National Health Service Act, which came into operation in 1948, Health Services are provided almost entirely by official bodies. There is a limited amount of private practice.

The official bodies are four in number:

(1) The Norfolk Executive Council.

This provides the General Practitioner, Dental, Pharmaceutical and Ophthalmic Services.



(2) The Regional Hospital Board.

The country as a whole has been divided into regions and the regions into areas for administrative purposes. The Erpingham Rural District lies in the East Anglian region and the Cromer area.

Cromer and District Hospital is the General Hospital for the area and provides specialist outpatient clinics for patients from

The sanatoria at Kelling, near Holt, are also administered by the Regional Hospital Board, as are the Fletcher Convalescent Home at Gromer and the Longacre Maternity Home at West Runton.

At present infectious diseases are treated at East Dereham Isolation and at Morwich Isolation Hospitals.

(3) The County Council.

The County Council provides, through its various departments:-

anywhere within the area.

(a) The School Medical Service.

All schools in the area are visited at least once during the year. At these visits a systematic examination of entrances 5,8 and 10 year olds, and leavers is carried out; arrangements are made for the treatment of defects found. All children previously found to have defects are also examined and any not otherwise due to be examined who appear to require it. Special examinations are made of handicapped children, where necessary in their homes.

Minor Ailment Clinics are held fortnightly in Cromer and Sheringham to serve these towns and surrounding districts.

Children not included in a school for any reason are also examined at home. Examination is also made of children when transport to school is believed necessary on medical grounds.

(b) The Maternity and Child Welfare Service.

An Infant Welfare Centre is held monthly at Holt and fortnightly at Cromer and Sheringham.

Village Centres are held monthly at Banningham, Corpusty, Edgefield, Weyhovane, Gresham, Matlaske, Northrepps, Roughton, Southrepps and Trimingham.

Immunisation and vaccination are carried out at all centres at least quarterly.

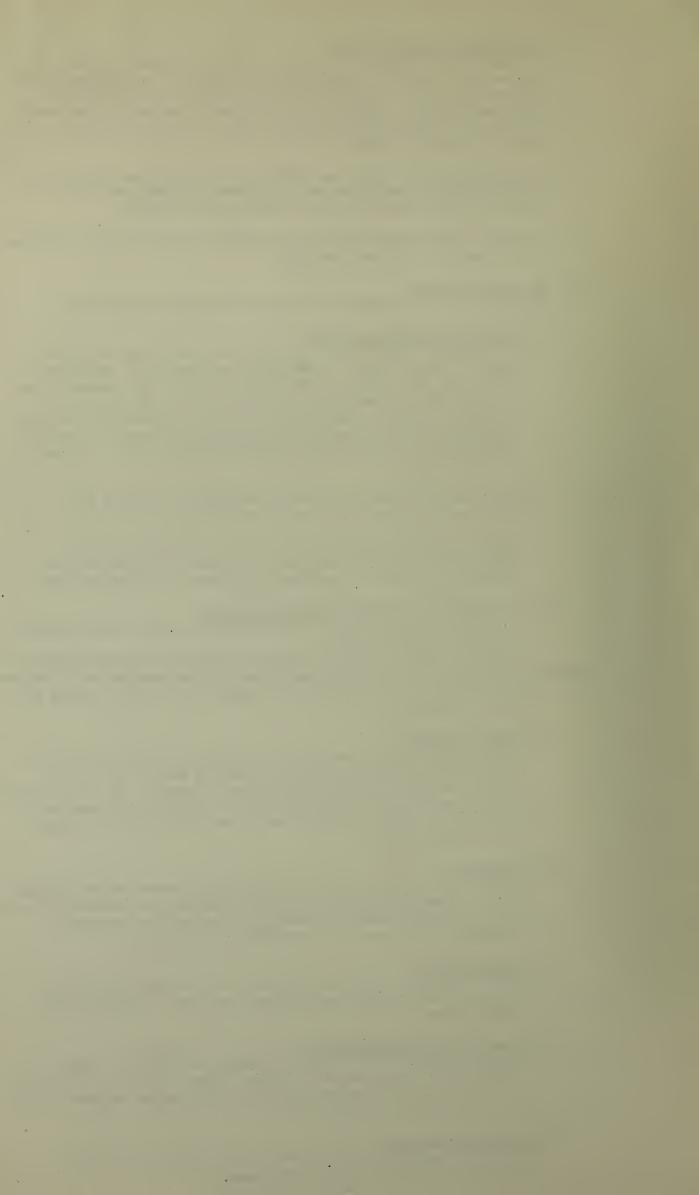
(c) Health Visiting.

All children under 5 are visited regularly in their homes by a Health Visitor. In most cases the duty of Health Visiting is carried out by the local District Nurse/Midwife. She also attends the Welfare Centres in her area and not infrequently assists at neighbouring ones. Children over 5 come under the supervision of the School Nurse.

(d) Midwifery.
This is performed by the District Nurse/Midwives and the general practitioner-obstetricians. In this district the Longacre Maternity Home and Beckham House are available for confinements where domicilary confinement is considered undesirable.

- (e) Home Nursing.
 This is carried out by the District Nurse/Midwives under the Norfolk County Nursing Association, who act as agents for the County Council.
- (f) <u>Vaccination and Immunisation</u>. acting
 This is carried out by general practitioners/for the County
 Council and by the Assistant County Medical Officer. In the case
 of children facilities are provided at the Infant Welfare Centres
 and, in the case of immunisation, at the Schools as well.
- (g) Anbulance Services.

 These are carried out by the St. John's Ambulance Brigade, acting as agents for the County Council.



- (h) General measures for the prevention of Illness, Care and After-Care, including the provision of nursing equipment.
- (i) Home Helps.
- (j) Mental Health Services.
- (k) General Welfare Services under the supervision of the Welfare Officer.

 He visits Holt, Sherimghan and Croner at stated times for interview by the public.
- (4) The Rural District Council.

 The District Council is, as ever, responsible for the control of infectious diseases and environmental health and hygiene, acting mainly through the Medical Officer of Health and the Sanitary Inspectors.

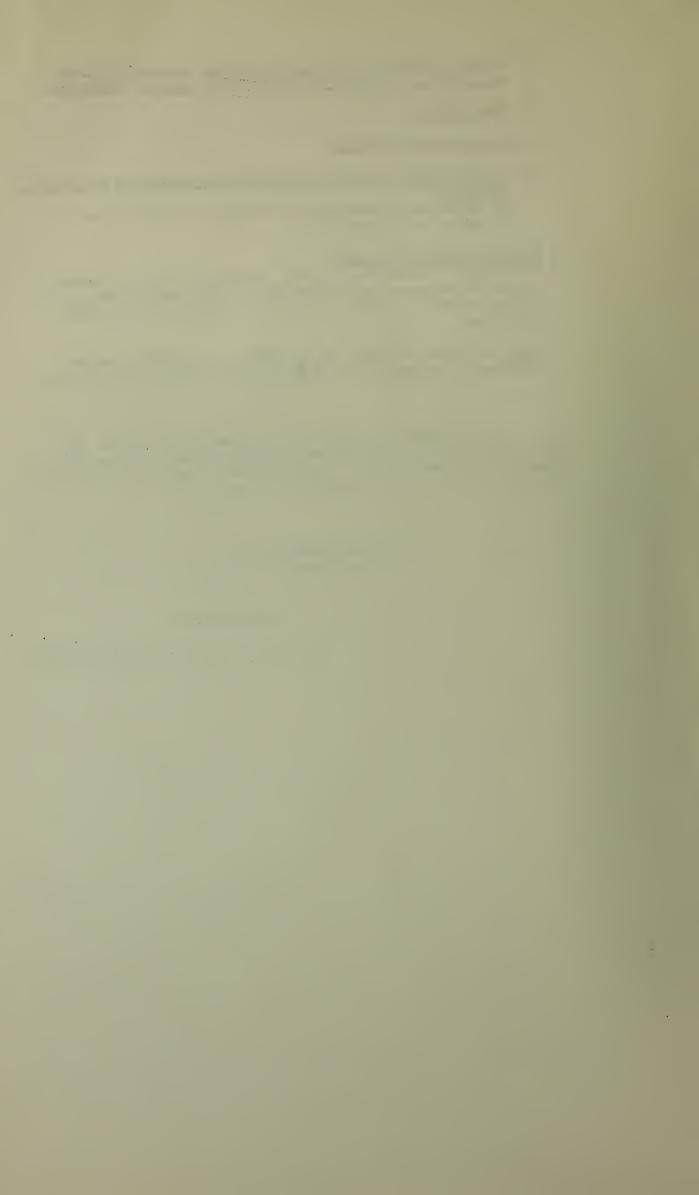
Mote: Laboratory Services are provided at the Public Health Laboratory, Bowthorpe Road, Norwich, by the Ministry of Health.

In conclusion I would like to express my thanks to the Health and Works Committee of the Council for their interest and support, to Mr. Evatt and Mr. Pratt for their invaluable help and to the office staff for their excellent co-operation.

I have the honour to be, Your obedient Servant,

J.H.F. NORBURY.

M.B., B.S., M.R.C.S., L.R.C.P., D.P.H..



SANITARY INSPECTOR'S REPORT.

	17 68 81
Notices served	.72
Summonses taken out	
Factories and Bakehouses inspections	34
Filthy houses cleaned	29
Overcrowding abated	17
Wells sunk or improved supplies of water	8
Wells closed or repaired	6
	14
when court of the court in	21
Improvement to sanitary conveniences Samples of water taken for analyses	19

Administration of the Factory & Workshops Act in connection with Factories, Workshops and Workplaces.

1. Inspection of Factories. Workshops and Workplaces.

Inspections made by Samitary Inspector: -

Pronises.	Inspection.	Written notices.	Prosecutions.
Factories (including Factory Laundries)	26	-	948
Workshops (including Work-shop Laundries)	8	~	Prio .
Workplaces (other than Out workers' premises)	pro pro	£79	850

2. Defects found in Factorics, Workshops and Workplaces.

Particulars. Number found. Number of defects remedied.